PART B - FEE(S) TRANSMITTAL

OC1 26 200	pute and send this form, together with applicable fee(s), to: Mail 0 Cl 2 6 100 5 or Fax				Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 (571) 273-2885			
INSTRUCTIONS: This	should be used for tra respondence including the d below or directed otherwis	nsmitting the ISSU	JE FEE and	PUBLIC	ATION FEE (if request fees	uired). Blocks 1 through 5	should be completed when	
indicated an experimental indicated an exper	d below or directed otherwis	e in Block I, by (a	a) specifying	a new co	rrespondence address	s; and/or (b) indicating a se	parate "FEE ADDRESS" fo	
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) 26614 7590 10/19/2005					Note: A certificate o Fee(s) Transmittal. T papers. Each addition have its own certifica	f mailing can only be used his certificate cannot be used all paper, such as an assign te of mailing or transmission	for domestic mailings of the for any other accompanying the formal drawing, mu.	
PEPE & HAZA 225 ASYLUM S HARTFORD, CT	T. Γ 06103				Control of the contro	ertificate of Mailing or Trai this Fee(s) Transmittal is bei with sufficient postage for f iil Stop ISSUE FEE addres PTO (571) 273-2885, on the	nsmission ng deposited with the Unit irst class mail in an envelor is above, or being facsimi date indicated below.	
26/2005 EAYALEW2 000	00003 10/13384					A. Schanck	(Depositor's name	
FC:2501 FC:1504	700.00 DP 300.00 DP				Sctober	24, 2005	(Signatur	
APPLICATION NO.	FILING DATE	FIRST NAM		D INVENT	ror	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/713,384	10/713,384 11/14/2003		Gerhard Kraus			METL-1/32225	1578	
APPLN. TYPE nonprovisional	SMALL ENTITY YES	ISSUE FEE \$700		PU	BLICATION FEE	TOTAL FEE(S) DUE	DATE DUE 01/19/2006	
						٦	**********	
EXAMINER WOLFE, DEBRA M		ART UNIT		L	ASS-SUBCLASS	_		
1. Change of corresponder	3725			072-220000 ne patent front page, l	• :			
☐ Change of correspondence address (or Change of Correspondences form PTO/SB/122) attached. ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Cunumber is required.								
	ND RESIDENCE DATA TO Its san assignee is identified bein 37 CFR 3.11. Completion			•	•• •	nee is identified below, the	document has been filed f	
(A) NAME OF ASSIG	NEE	(B	3) RESIDEN	CE: (CITY	and STATE OR CC	UNTRY)		
RSM.AT K	RAUS & PLENIG	ER OEG		Aust	ria			
Please check the appropria	ate assignee category or catego	ories (will not be pr	inted on the p	oatent):	☐ Individual 🏧 C	Corporation or other private g	roup entity Governmen	
4a. The following fee(s) as	re enclosed:	4b	D. Payment of		ount of the fee(s) is e	nologad		
	small entity discount permitt	ed)			card. Form PTO-203			
Advance Order - #			The Dire	ector is he	ereby authorized by o	charge the required fee(s), o (enclose an extra	r credit any overpayment, copy of this form).	
	us (from status indicated abov	e)						
	SMALL ENTITY status. See O is requested to apply the Iss Publication Eee (if required) ecords of the United States Pat					LL ENTITY status. See 37 (ly paid issue fee to the application of agent; or	(0)()	
Authorized Signature	11/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1	arten			Date	October 24,		
Typed or printed name	Peter L. C	ostas		_	Registration	18,637		
Alexandria, Virginia 2231	tion is required by 37 CFR 1.3 ality is governed by 35 U.S.C application form to the USP1 ns for reducing this burden, s reginia 22313-1450. DO NOT 3-1450. uction Act of 1995, no persons							

PTOL-85 (Rev. 07/05) Approved for use through 04/30/2007.